

*Symposium on Substance Use, HIV, and Public Health in California*  
*California Department of Health Services*  
*Office of AIDS*  
*Thursday, May 18, 2006, Sacramento, California*

# **Symposium on Substance Use, HIV, and Public Health in California**

## **Symposium Summary**

**Thursday, May 18, 2006  
Sheraton Grand Hotel  
Sacramento, California**

**California Department of Health Services  
Office of AIDS**



## **Executive Summary**

On May 18, 2006, the California Department of Health Services, Office of AIDS (CDHS/OA), HIV/AIDS Epidemiology Branch, with funding from the HIV Education and Prevention Services Branch, sponsored the Symposium on Substance Use, HIV, and Public Health in California. The symposium brought together more than 50 researchers and program experts from across the state in the fields of substance use, injection drug use, and HIV prevention. The goals of the event were to:

- Promote sharing and dissemination of current research on drug use and drug using populations in California;
- Promote sharing and updates on current programmatic efforts in California among substance using populations including evaluative updates;
- Develop a statewide research agenda on injection drug use and non-injection drug use; and
- Brainstorm potential areas for collaborative research on injection drug users (IDUs) and other communities of high-risk substance users.

Presentations by Doctors Steffanie Strathdee (University of California, San Diego [UCSD]), Ricky Bluthenthal (RAND, California State University [CSU], Dominguez Hills), Richard Garfein (University of California, San Francisco [UCSF]), Cathy Reback (Friends Institute, VanNess Recovery House, University of California, Los Angeles [UCLA]), Alex Kral (RTI International), Grant Colfax (San Francisco Department of Public Health [SFDPH]), Juan Ruiz (CDHS/OA), Kim Page-Shafer (UCSF), and Thomas Stopka (CDHS/OA) focused on recent research findings from topics ranging from injection drug use along the border, to methamphetamine use among men who have sex with men (MSM), transgenders, and women, to HIV risk and syringe exchange program use among IDUs.

Break-out sessions and focused dialogue allowed participants to discuss the key contextual issues surrounding substance use and HIV/AIDS, program policy evaluation related to syringe exchange and pharmacy sales of syringes, methamphetamine research and a future study of substance users and IDUs in California. Participants provided recommendations to colleagues and CDHS/OA that will help to frame upcoming research initiatives in California.

Symposium participants reported that they appreciated the opportunity to “network” with colleagues, “brainstorm and collaborate,” “hear what’s new in the field,” and participate in a “lively discussion and wonderful cross-section of policy, evaluation, research, and program.”

**Symposium Agenda – May 18, 2006**

- 9:30-9:35 Welcome - Michael Montgomery**
- 9:35-10:00 Introductions** (Juan Ruiz)
- Name and Affiliation
  - What do you want to get out of this symposium?
- 10:00-10:30 Epidemiological Update: Substance Use in California**  
(Tom Stopka, Kim Page-Shafer)
- 10:30-12:00 Social/Behavioral and Epidemiological Research Presentations**  
**(10 minute presentations/5 minutes for Q & A)**
- Steffanie Strathdee: Proyecto El Cuete: A study of HIV, HCV and STIs among IDUs in Tijuana
  - Ricky Bluthenthal: HIV risk among syringe exchange program participants: results from the California syringe exchange study (CalSEP)
  - Richard Garfein: Substance abuse in San Diego: HIV risk and prevention
  - Cathy Reback: HIV risk behaviors among MSM and male-to-female transgender injectors in Hollywood, CA
  - Alex Kral: HIV risk among women who inject methamphetamine
  - Grant Colfax: MSM and methamphetamine in San Francisco
- 12:00-1:00 Lunch --- Bondi Room, 1<sup>st</sup> Floor**
- 1:00-3:00 Strategic Planning** (Juan Ruiz, Kim Page-Shafer)
- 1:00-2:00 Break-out Groups (guidelines to be provided)**  
Break-out Topics:
- Substance Use and HIV/AIDS--**Compagno Room, 1<sup>st</sup> Floor**
  - Program/policy evaluation: Senate Bill (SB) 1159 (Syringe Sales), syringe access, peer-based interventions, Assembly Bill (AB) 136 --- **Carr Room, 1<sup>st</sup> Floor**
  - Youth and substance use --- **Hendricks Room, 3<sup>rd</sup> Floor** (cancelled)
  - Methamphetamine research --- **Baker Room, 3<sup>rd</sup> Floor**
- 2:00-2:15 Break**
- 2:15-3:00 Summary Presentations by Break-out Groups--Carr Room, 1<sup>st</sup> Floor**
- Context
  - Options
  - Recommendations
- 3:00-4:00 CDHS/OA Proposed Survey of IDUs** (Juan Ruiz)
- Sampling methodologies
  - Study design
  - Q/A and feedback loop
- 4:00 Closing Remarks** (Juan Ruiz)

## **Introduction**

Substance use and injection drug use are major contributors to HIV transmission risks in California. Alcohol, marijuana, heroin, cocaine, crack, and methamphetamine are used by relatively large numbers of individuals across the state and many individuals report using these substances, as well as others, during sexual activities, which often puts them at increased risk for exposure and transmission of HIV. Unsafe injection of illicit substances is also a major risk factor for blood-borne disease transmission in California. As of July 2006, 19 percent of cumulative AIDS cases in the state were connected to injection drug use.

Researchers across California have made important contributions to our understanding of the influence that substances, and paraphernalia that accompany their use, have on behavioral risks and infection rates across a number of populations. Opportunities for networking and collaboration among the scores of researchers in the state who have focused on substance use, injection drug use, HIV/AIDS, and public health are relatively rare. Such opportunities are essential if a strategic plan for comprehensive substance use and HIV/AIDS research is to be formulated.

It is with this background and this goal that CDHS/OA, in collaboration with Dr. Kimberly Page-Shafer of UCSF, decided to develop and hold its first Symposium on Substance Use, HIV, and Public Health in California. The goals of the event were to:

- 1) Promote sharing and dissemination of current research on drug use and drug using populations in California;
- 2) Promote sharing and updates on current programmatic efforts in California among substance using populations including evaluative updates;
- 3) Develop a statewide research agenda on injection drug use and non-injection drug use; and
- 4) Brainstorm potential areas for collaborative research on IDUs and other communities of high-risk substance users.

The Symposium took place on May 18, 2006, in Sacramento, California. A broad representation of more than 50 investigators, public health interventionists, and policy experts convened in order to share recent findings, brainstorm current needs and future directions for substance use and HIV research, and discuss potential collaborative efforts.

## **Pre-Symposium Goals for Attendees**

While the planning committee developed several goals for the Symposium prior to the event, Symposium planners were interested in learning what attendees aspired to obtain from the day's events on May 18, 2006. During introductions, attendees shared what they were interested in getting out of the Symposium. Among attendee's goals for the Symposium, the two most salient themes that emerged were "additional research" and "collaboration."

The top priority among attendees was the development of additional research focused on the substance using and injection drug using communities. Attendees emphasized that they were interested in seeing more research that translated into practice as it relates to policy, clinical practice, primary health care for IDUs, syringe exchange program (SEP) services, and practical applications for HIV/AIDS care.

Collaboration emerged as the second most popular goal among Symposium attendees. Participants mentioned that they were interested in discussing ways in which the different organizations represented at the Symposium might be able to collaborate on research. Specific interests focused on collaboration confronting cross-border issues and the building of collaborations that would assist in the education of political leaders. Several attendees indicated that they were interested in meeting new colleagues in their respective fields of research, as well as others, in order to consider possibilities for collaboration.

Additional pre-Symposium goals among attendees included interests in obtaining more information on current methamphetamine research, discussion of evaluation of existing interventions, racial esteem and adverse health outcomes and information on how to improve treatment opportunities for substance using populations.

### **Symposium Presentations**

After introductions and initial Symposium discussions, investigators from San Diego, Los Angeles, San Francisco, and Sacramento presented on some of their latest research on substance use, HIV, and public health.

### **Epidemiological Update: Substance Use in California**

Thomas Stopka, M.H.S., CDHS/OA, and Kimberly Page-Shafer, Ph.D., UCSF, kicked off the morning presentations with an epidemiological update on substance use, injection drug use, and public health in California. Epidemiologic data traced the HIV/AIDS epidemic in the state from 1991-2004, indicating the peak in annual AIDS cases and deaths in the early 1990s with a decrease in each during the mid-1990s and a leveling off during more recent years. The presentation noted that MSM remain the most at risk population (63 percent of cumulative AIDS cases) in California followed by IDUs, who are connected to 19 percent of AIDS cases in the state. In the African American community, 34 percent of cumulative AIDS cases are tied to injection drug use. Data from the Prevention Indicators Project (Roy McCandless, Universitywide AIDS Research Program [UARP]) were shared which portray increases in treatment admissions for non-injected stimulants, increases in methamphetamine injection among MSM between 2001 and 2003, and an increase in the percentage of HIV-positive MSM who injected methamphetamine between 2001 and 2003. Statewide HIV counseling and testing data were also shared which portrayed HIV and HCV positivity rates among IDUs and their sex partners, syringe mediated disease risks and use of SEPs. HIV and HCV prevalence trends and methamphetamine injection trends in San Francisco were

also highlighted. The presentation concluded by highlighting gaps in current research in California focused on IDUs, non-IDUs, youth, and substance use.

## **Social/Behavioral and Epidemiological Research Presentations:**

### **Epidemiological Studies on HIV/AIDS along the Mexican-U.S. Border**

Steffanie Strathdee, Ph.D., UCSD, presented on recent research findings among IDUs, MSM, and commercial sex workers in San Diego, California, as well as Tijuana and Ciudad Juarez, Mexico. High HIV prevalence rates among MSM, commercial sex workers, and IDUs were discussed along with additional data that indicate Tijuana may be facing an AIDS crisis. Drug use in Mexico, IDU interventions in Tijuana, and the context surrounding IDUs in Tijuana and Ciudad Juarez were shared. Proyecto El Cuete (The Rocket/Syringe Project), an injection drug use-focused study, was highlighted. Results from this study indicate that IDUs in Tijuana have higher injection mediated risks than their counterparts in Ciudad Juarez while they are less likely to have access to sterile syringes and are more likely to be arrested for carrying used syringes. Findings also indicate that MSM-IDUs and female sex workers (FSWs) who inject are at elevated risk for HIV and sexually transmitted infections (STIs), respectively. Dr. Strathdee concluded by emphasizing that: (1) increases in HIV and STIs have important implications for prevention and care in both Mexico and the United States; (2) there is a need to monitor emerging trends among FSWs and IDUs and 'bridge' populations; and (3) there is a need to develop, implement, and evaluate interventions to reduce the cross-border impact of these infections. Collaborations with health officials on both sides of the border are essential.

### **HIV Risk among SEP Participants: Results from the California Syringe Exchange Study (CalSEP)**

Ricky Bluthenthal, Ph.D., CSU Dominguez Hills, RAND, presented a final report on the CalSEP study that he and colleagues conducted over the past several years. The primary research question of the study has focused on determining the impact of permitting local jurisdictions to approve SEPs in California between 2000 and 2002. The presentation focused on summarizing the risk profile for SEP clients of CalSEP and examining associations between SEP operational characteristics and client outcomes. Dr. Bluthenthal closed by summarizing key study findings that indicated:

- Homelessness, needing and giving assistance to inject, and being on parole or probation predict injection risk;
- Increasing sterile syringe coverage for IDUs reduces injection risk; SEPs can change dispensation policies to increase syringe coverage among their clients; and
- Sex risk remains common, but HIV positive IDUs and sex workers are more likely to consistently use condoms.

## **Substance Abuse in San Diego: HIV Risk and Prevention**

Substance use and misuse in San Diego, as in many regions, is surrounded by community and political stressors that influence interventions such as SEPs and pharmacy sales of syringes in manners that can facilitate and hinder effective HIV prevention. Richard Garfein, Ph.D., M.P.H., of UCSD, provided an update on substance use and HIV risk behaviors in San Diego County and offered perspectives for future research and prevention interventions that focus on drug using and injecting communities.

## **HIV Risk Behaviors of MSM and Transgender (TGs) IDUs in Hollywood, CA**

Cathy Reback, Ph.D., of the VanNess Recovery House, the Friends Research Institute, and UCLA, presented on recent preliminary research findings among MSM and transgendered injectors in Hollywood. Preliminary analyses indicated that nine percent of MSM in Hollywood were injectors and that MSM tend to use methamphetamine through non-injection routes. Almost one-third (32 percent) of surveyed TGs were injectors and Dr. Reback indicated that TGs tend to inject illegal hormones. MSM, in her study, were more likely to be Caucasian, bisexual, and HIV positive. TG injectors were more likely to be African American and less likely to be Latino. Both MSM and TG injectors were more likely to exchange sex than non-injection substance users. Methamphetamine was the most frequently used substance, after alcohol and marijuana, for both populations. Among the injectors, MSM injected methamphetamine and illegal steroids and TGs injected methamphetamine and illegal hormones. Both MSM and TGs practiced safer injection protocols. Dr. Reback reminded Symposium attendees that the results from her preliminary analyses were based on a relatively small sample of substance using MSM and TGs and that it will be interesting to compare these results with a larger sample of individuals in the future.

## **Methamphetamine Use among Female Injectors in San Francisco**

Alex Kral, Ph.D., RTI International, presented on HIV risk among women who inject methamphetamine in San Francisco (n=101). Trend analyses indicated that the percent of female IDUs who inject methamphetamine in San Francisco has increased from 21.7 percent in 2000 to 33.4 percent in 2004. Study findings indicate that female methamphetamine injectors practice risky injection and sexual behaviors that put them at increased risk for contracting HIV, STIs, and hepatitis C. Significantly higher proportions of female methamphetamine injectors than female heroin injectors practice unprotected anal sex, have more than five sexual partners, have sex for drugs, practice receptive syringe sharing and shared syringes with less than one person. Dr. Kral and colleagues indicated that there are several important areas for further inquiry focused on women and methamphetamine, including:

- The relationship of methamphetamine and sexual pleasure;
- The relationship of methamphetamine and sexual risk;

- The patterns of methamphetamine use;
- The role of methamphetamine in polydrug use; and
- The motivations for methamphetamine use.

### **Methamphetamine and HIV Risk among MSM: The Public Health Response in San Francisco**

In his presentation on MSM and methamphetamine, Grant Colfax, M.D., SFDPH, discussed the epidemiology of methamphetamine use among San Francisco MSM, current initiatives and resources, and intervention research. The prevalence of methamphetamine use among MSM in San Francisco has ranged from 10 percent in a Stop AIDS survey to 28 percent in the Young Men Survey to 43 percent in a circuit party study. Among MSM seeking anonymous testing, HIV incidence is 6.3 percent among methamphetamine users compared to 2.1 percent among non-methamphetamine users and methamphetamine using MSM are 2.4 times more likely to test positive for HIV than non-methamphetamine using MSM. MSM who use methamphetamine have been prioritized by SFDPH during recent years. Examples of recent steps taken included: collaborations with substance use programs and AIDS programs, increased funding for treatment and prevention, social marketing campaigns and behavioral and pharmacologic research initiatives. In concluding, Dr. Colfax shared the following recommendations for future methamphetamine-focused work among MSM:

- Use a multi-pronged approach.
- Increase community awareness.
- Increase treatment options.
- Fund research on methamphetamine treatment and prevention.
  - There is a need for more rigorous evaluations that address the following questions:
    - Does methamphetamine reduction equal HIV risk reduction?
    - How much reduction in methamphetamine use reduces HIV/sexually transmitted disease risk?
  - There is a need for outcome data to know what really works.
- Consider non-adherence to AIDS medications among MSM methamphetamine users and its potential influence on drug resistance.

### **Presentation Suggestions/Feedback**

During post presentation discussions, a number of Symposium participants provided feedback and suggestions to the presenters and to all present. First, it was mentioned that it would be helpful to obtain population-based estimates of IDUs in California. A number of attendees concurred that this would be helpful in order to better define this risk population in the state.

Second, several attendees commented on HIV counseling and testing in California. Some attendees questioned how representative counseling and testing data are for



IDUs while others pointed out that it is the most comprehensive data that are collected on a statewide basis for the injection drug using population, since it is collected in all California counties. Next, attendees pondered where IDUs typically go to test for HIV. It was mentioned that some state-funded HIV counseling and testing sites are located in good locations and are accessed by many IDUs while other counseling and testing locations have been less successful in reaching injection drug using communities in need. One investigator suggested that it would be helpful to examine and compare HIV counseling and testing data for IDUs with data from other injection drug using studies to learn about similarities and inconsistencies in the data.

In discussing SEPs in California, Symposium attendees emphasized that provision of more syringes and services are essential to adequately address the HIV prevention and health needs of IDUs. It was also asserted that it may be important to work with police, where possible, to further community dialogue and to educate law enforcement officials on harm reduction approaches and benefits.

### **Break-out Groups Report Back**

In the afternoon, Symposium participants were asked to break into three separate break-out groups, choosing the topic that most interested them. The break-out topics included the following choices:

- ❖ Substance Use and HIV/AIDS.
- ❖ Program/policy evaluation: SB 1159 (Pharmacy Syringe Sales), syringe access, peer-based interventions, AB 136.
- ❖ Methamphetamine research.

Each break-out group was instructed to: (1) discuss the contextual factors and stakeholders that surround their discussion topic; (2) note options for future policy, prevention or research development; and (3) highlight one programmatic recommendation and one research recommendation per break-out discussion topic upon which CDHS/OA could consider acting.

### ***Substance Use and HIV Break-out Group:***

#### **Contextual Factors**

The substance use and HIV break-out group agreed to focus on any substances other than methamphetamine since another break-out group was to focus specifically on this substance. The group emphasized that the issues surrounding substance use and HIV go beyond IDUs and that there is a need to consider sexual as well as injection-mediated risk behaviors. The group acknowledged that urban and rural differences in substance use and HIV-risk behaviors are important to consider. Other contextual issues that the substance use and HIV break-out group suggested merit consideration included:

- The impact of substance use on treatment adherence to HIV/AIDS medications as well as other medications;
- The impact that drug use has on behavior and behavior change (e.g., sexual behavior under the influence of drugs);
- The role that race, ethnicity, gender, culture, class, and education play with substance use and HIV. Whenever possible, the group suggested, it is important to consider all of these issues rather than one at a time;
- Public policy; the group noted that there appears to be little interest in discussing drugs; there is no voice for the drug using community;
- The overlap of mental health issues; these may get in the way of effective prevention practices and programs;
- The criminal justice system: the war on drugs; substance using individuals are often in and out of the system; there is no focus on the fact that people use in prison, have sex in prison and are often recycling in and out of the system; and
- New treatment technologies.

## **Options**

The group emphasized the importance of having research transition into practice with substance using populations. Qualitative research, the group suggested, needs to be integrated into effective research studies. Population-based studies, that facilitate acquisition of generalizable populations of substance users, were also highlighted as key to research among substance using populations in California. Finally, the group asserted that it is important to consider promotion of integrated care among substance using populations while considering barriers, venues, models, and opportunities.

## **Recommendations**

While prioritizing the various options that the group had considered, the substance use and HIV break-out group highlighted the following recommendations:

- **RESEARCH:** The group recommended that substance use and HIV research in California focus on turning research into practice. The group further emphasized the need to evaluate existing innovative programs and practices in order to better assess their applicability in other locations and with distinct populations. It is necessary to see which programs, that have already been shown to be feasible, are actually effective.
- **PROGRAM:** For the program recommendation, the group recommended that HIV prevention and care efforts be integrated at all points of contact with populations at risk (i.e., jails, drug treatment programs, SEPs, sexually transmitted disease clinics, counseling and testing sites, health care providers, street outreach, etc.). The group asserted that it is necessary to raise the minimum level of care/intervention that is provided at each of these points of contact by increasing the expectation of service provision and increasing cross-training of staff to do multiple things (e.g., teach drug

treatment counselors to also talk about sexual risk reduction; offer HIV and hepatitis C testing at SEPs).

### ***Program Evaluation and Syringe Access (SB 1159 and SB 136) Break-out Group***

#### **Contextual Issues**

The Program Evaluation and Syringe Access break-out group discussed three pieces of California legislation that have enhanced syringe access in an effort to decrease blood-borne disease transmission. AB 136 was signed by then Governor Gray Davis in 1999 and, as of January 2000, allowed cities and counties in California the opportunity to authorize SEPs. In 2005, Governor Arnold Schwarzenegger signed AB 547 which removed the legislative requirement that cities and counties declare a local state of emergency in order to authorize a local SEP.

The syringe access break-out group also discussed SB 1159, signed by Governor Arnold Schwarzenegger in September 2005 which, since January 2005, has afforded cities and counties the opportunity to authorize a local Disease Prevention Demonstration Project (DPDP), allowing individuals 18 years of age and older to purchase up to ten syringes in participating pharmacies without requiring a doctor's prescription. No State funding nor specific authority over DPDPs was provided by this legislation. Health promotion and HIV prevention, as well as advocacy for DPDPs, has been provided on the local level in many locations in California, but limited, if any, funding has been provided to support such initiatives. The Program Evaluation and Syringe Access break-out group next discussed the general costs of syringes that are sold at pharmacies and contemplated whether IDUs will be able to afford the cost of over-the-counter (OTC) syringes.

To date, DPDPs have been authorized in three cities and 15 counties in California and have been implemented in varied manners due to differing county and city approaches. Despite the fact that SB 1159 mandates that pharmacies offer options to customers for safe syringe disposal, California currently lacks a standard statewide syringe disposal program. In some communities where DPDPs have been contemplated and implemented, concern has been voiced that increased availability of syringes without a structured sharps disposal system could be problematic. Some break-out group members were curious to know which types of sharps containers are desirable among pharmacists and IDUs. Group members reported that some IDUs have indicated that they do not want to carry traditional red sharps containers as they appear to draw more attention within the community and the potential for increased scrutiny and harassment from law enforcement.

The group next discussed anecdotal reports that pharmacies do not want to be alone in providing syringes in their communities but would prefer to be part of a cohort of local pharmacies that offer OTC syringe sales. Additional anecdotal evidence indicates that some pharmacist have been selling syringes for a while, even prior to the advent of

SB 1159, while other pharmacists report that OTC syringe sales have not changed the overall clientele within their stores.

## **Options**

Next, the break-out group discussed options that could be considered for future harm reduction efforts. One group member indicated that it may be worthwhile to consider use of syringe vending machines as a means of providing enhanced syringe access. The provision of literature (e.g., brochures) to syringe purchasing customers in DPDP pharmacies was also discussed and group members highlighted the legislative mandate that pharmacies provide information on harm reduction, safe syringe disposal, drug treatment, and HIV and hepatitis C testing.

Group members also contemplated the current state of IDUs' health in California. It was suggested that it would be helpful to create and disseminate a report that includes comprehensive information on the health status and needs of IDUs as a resource to public health program, policy and research professionals.

## **Recommendations**

The Program Evaluation and Syringe Access break-out group brainstormed several program and research recommendations.

### **Program Recommendations**

- 1) CDHS/OA should create a public health report or policy on IDUs' health that includes syringe access as a focal point; a statewide, independent advisory board should be created to implement such a policy. It was further recommended that the current California HIV Planning Group's Substance Use and IDUs' Task Force could create and disseminate a document of this nature.
- 2) Funding should be made available to counties and cities that authorize local DPDPs; such funding could serve as an incentive for cities and counties to implement important disease prevention programs and could facilitate their work with participating pharmacies and local public health, waste management, and harm reduction specialists.
- 3) CDHS/OA should fund SEPs.
- 4) CDHS/OA should require counties and cities to implement DPDPs; it was suggested that CDHS/OA could stipulate that local health jurisdictions would lose State funding for other HIV prevention programs if they do not implement SEPs.

### **Research Recommendations**

- 1) Conduct research that provides an overall statewide picture of IDUs and IDUs' health.
- 2) Conduct research that clarifies where IDUs across the state access sterile syringes.

## ***Methamphetamine Break-out Group***

### **Contextual Issues**

The methamphetamine break-out group discussed a wide range of contextual issues that surround methamphetamine. The media hype was highlighted as being particularly evident in recent years. The group emphasized that it is necessary to gather more information on methamphetamine use patterns within populations other than MSM. Group members concurred that a law enforcement approach to addressing methamphetamine problems diminishes the effectiveness of public health programs. The break-out group also brainstormed the following contextual issues which merit consideration:

- There is a diversity of methamphetamine using populations in California and that these diverse groups require diverse public health responses.
- It is necessary to change attitudes in the community that portray methamphetamine in a very specific and limited light.
- Body image concerns among methamphetamine users should be considered and, if possible, addressed.
- Drug trafficking routes have shifted in recent years with methamphetamine production shifting from the United States to Mexico.
- Heterosexual anal sex and methamphetamine use may be important to address in research and interventions.
- The impact of methamphetamine use on prenatal care is important to consider and research has begun to look more closely at this issue.
- The environmental impact of methamphetamine labs is considerable.
- Child custody may be a key issue to consider within the methamphetamine milieu.
- Medical consequences of methamphetamine use are substantial when connected to blood-borne disease transmission (e.g., HIV, hepatitis C virus, and other health issues).
- There is a need for more interventions for methamphetamine using individuals; there is a need for more treatment modalities and pharmaceuticals that may be able to yield better treatment outcomes.

### **Options**

The methamphetamine break-out group suggested that pilot interventions that target methamphetamine using populations are needed and evaluation of interventions that are included in the Centers for Disease Control and Prevention's compendium of Diffusion of Effective Behavioral Interventions (DEBIs) among methamphetamine-using populations may be worthwhile.

## **Recommendations**

### **Program Recommendations**

- 1) Develop, pilot, and evaluate new methamphetamine treatment programs.
- 2) Fund programs that have proven effective.
- 3) Enhance methamphetamine treatment capacity in California.
- 4) Tie HIV and methamphetamine treatment together programmatically.
- 5) Develop California-based DEBIs for intervention and facilitate diffusion of evidence-based interventions.

### **Research Recommendations**

- 1) Develop, pilot and evaluate interventions for non-treatment seeking methamphetamine users.
- 2) Evaluate existing programs; some prevention and treatment programs are currently in place but are not being evaluated.
- 3) Facilitate epidemiological exploration of non-MSM, methamphetamine-using populations.

### **CDHS/OA Proposed Survey of IDUs – Five County Study Feedback**

Dr. Juan Ruiz next opened up plenary discussion connected to a proposed CDHS/OA study of substance users in Northern California. It was proposed that CDHS/OA conduct a study in a generalized sample of substance users and IDUs that would focus on HIV risk behaviors in five counties (San Joaquin, Alameda, San Francisco, Contra Costa, and San Mateo).

Feedback was solicited from Symposium attendees on the following:

- Methodologies: specifically, methodologies with a view toward generalizability;
- Age Groups: young substance using populations versus older populations;
- Study Questions: narrow research questions, based on epidemiology; and
- Study Design.

## **Discussion**

A lengthy and productive discussion ensued among Symposium attendees. Many experiences, suggestions, and concerns were shared by research and program experts alike. Commentary from participants is noted below.

Dr. Kim Page-Shafer, UCSF, lead symposium attendees in contemplating the study sample. Questions and dialogue focused on whether to focus on substance users broadly or IDUs specifically. It was suggested that the study could focus primarily on a sample of substance users with a subset of IDUs.

Alex Kral, RTI International, indicated that the Urban Health Study (UHS) has conducted upwards of 40,000 interviews with IDUs in four of the five Bay Area counties proposed. He mentioned that respondent driven sampling (RDS) has been utilized in Bay Area research and that he would be willing to share data and instruments from UHS research. He questioned whether there was a need to learn more about IDUs in this area.

Assunta Ritieni, CDHS/OA, articulated support for RDS which, she explained, has been successfully used in the National Behavioral Health Surveillance Survey with IDUs. Dan Ciccarone, UCSF, indicated that the literature is growing in support of RDS. George Lemp, UARP, asked how RDS is different from snowball sampling? He suggested that a targeted, venue-based (parks, streets, buildings) research design might also be worth considering. Steffanie Strathdee, UCSD, shared recent experience with RDS and recommended that it be considered. She detailed the two key variables of importance tied to RDS: (1) the size of substance using networks (i.e., the number of persons in network); and (2) relationships among network members (i.e., from whom do participants receive a recruitment coupon?). She mentioned that if there is 5 percent prevalence within the study sample, it can be generalizable to the population so long as a sample size of 500 or more is obtained. She discussed recent success with reaching a target sample in five weeks in one RDS-based survey. Finally, she informed Symposium attendees that the following Web site: [www.responddrivensampling.org](http://www.responddrivensampling.org) (Heckathorn) provides helpful information on RDS.

Grant Colfax, SFDPH, and others inquired about the research questions for the proposed study mentioning that it is difficult to talk about methods without knowing the research questions of interest. Kim Page-Shafer, UCSF, indicated that the primary research questions will be focused on disease prevalence point estimates for HIV, hepatitis, and other morbidities, sociodemographics and risk behaviors. She indicated the importance of sampling new populations in Northern California, including a broad cross-section of substance users in Alameda with a subsample of IDUs. She questioned whether we should be interested in denominators (i.e., population estimates for specific risk groups). We do not already know this in Bay Area. If the sample size is relatively small for the study, research questions selected will require more specific focus. She suggested that we need to learn where the epidemic is going and to then focus on this population.

Ricky Bluthenthal questioned why we would want data from the proposed study to be comparable to other population-based studies (e.g., Young Men Survey, HeyMan) that have been done in the proposed study sites. He also suggested that other counties might benefit more from inclusion in the study than Bay Area counties. He also suggested that service utilization data and administrative data might be helpful to capture in the proposed study.

George Lemp suggested a longitudinal study of substance users focused on “A year in the life of...” substance users and continuity of care within this population.

Shoshanna Scholar, CNN, suggested that it would be worthwhile to ask providers what research they need and she suggested that the research could be relevant in Southern California, namely in Los Angeles, San Bernardino, and San Diego.

Symposium attendees also provided a number of additional suggestions for new research questions and future studies that could be helpful in expanding our understanding of substance use, HIV, and public health in California. These brainstormed suggestions, as well as a variety of comments on research issues, are listed below:

- ❖ Steffanie Strathdee suggested that intervention research, piloted in various locales, is needed; interventions with methamphetamine users with an evaluation component; over-sample for high risk individuals.
- ❖ Laura Thomas, Continuum, shared several questions for which she believes we need answers: What is prevalence? What are the root causes of behavior? Issues (e.g., housing)? What are effective interventions (non-DEBI)?
- ❖ Judith Hahn, UCSF, discussed the importance of cross sectional serial surveys in California.
  - She advocated for longitudinal surveys of substance users.
  - She reminded participants that population-based research is much different than program evaluation.
  - Evaluation is specific to particular interventions.
- ❖ Robyn Polini, UCSD, reflected on the differences in funding streams between community-based organizations and academia and the challenges that these can create in research and evaluation. She indicated support for the UARP model (community collaboratives); she also discussed challenges in getting data from DADP; she commented that these data should be free and available to researchers who are members of the California epidemiologic working group.
- ❖ Brad Shapiro, UCSF/San Francisco General Hospital, emphasized that there is a need to collect data on housing, as well as physical and mental health issues, and to address some of these issues clinically.
- ❖ Kim Page-Shafer observed that, among Symposium attendees, it appeared that researchers articulated interest in developing programs and program folks shared interest in conducting research. She mentioned that participants in research get services and are better off than those that are not in research. She emphasized that youth-focused research is needed and she expressed dismay that there appears to be very little in California.
- ❖ Laura Thomas stressed the importance of using research to get more funding.
- ❖ George Lemp asked whether attendees were suggesting that more research synthesis is needed.
  - Modeling?
  - Statewide?



- ❖ Kristen Ochoa (Los Angeles Overdose Prevention Task Force) pondered whether it would be possible to organize and convene a group of service providers from across California in a future symposium.
- ❖ Grant Colfax asserted his support for program evaluation.
  - He indicated that a considerable amount of funding is currently going into law enforcement to combat issues connected to methamphetamine; there does not appear to be any evaluation of programs tied to such funding.
  - It would be helpful to have data to show why funding for methamphetamine programs are important.
- ❖ Glenn Backes, SANE, shared information on Proposition 36, which allows for drug treatment as opposed to incarceration for some offenses in California. He mentioned that the State saves \$2.50 for every \$1 spent on Proposition 36.
- ❖ Dan Ciccarone indicated that, in his opinion, a population-based study on drugs used, prices of street drugs, and drug-use related behaviors could be helpful in California.

Doctors Juan Ruiz and Kim Page-Shafer closed the final session of the day, thanking participants for their helpful and important recommendations for future research activities.

### **Symposium Evaluation Results**

A brief meeting evaluation was administered to Symposium attendees (N=15) at the end of the event and in the days subsequent to the Symposium. Overall, attendees rated the Symposium favorably. On a scale of 1 ("poor") to 5 ("excellent"), attendees rated the symposium at 4.4. The materials provided (4.3), presentations given (4.6), and locale utilized (4.1) were also rated favorably. The cultural sensitivity of the symposium (3.8) and the break-out group activities (3.5) were rated less favorably by attendees. In responses to open-ended evaluation questions, Symposium participants reported that they appreciated the opportunity to "network" with colleagues, "brainstorm and collaborate," "hear what's new in the field," and participate in a "lively discussion and wonderful cross-section of policy, evaluation, research, and program." Participants reported that the afternoon break-out sessions were least helpful and they contemplated whether the recommendations provided in the break-out sessions would be integrated into future CDHS/OA research and activities. Please see Appendix B for complete evaluation results.

### **Conclusion**

Based on the presentations, break-out group activities and plenary discussions, there appeared to be substantial interest in continued and new research focused on substance using and injecting populations in California. Numerous suggestions and recommendations were presented by Symposium attendees. CDHS/OA will take these recommendations into consideration during the months to come as research projects are developed. It is hoped that the interest expressed in collaboration among

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investigators and program directors present at the Symposium will be pursued and will continue to be enhanced and nurtured in order to improve research and evaluation activities and HIV/AIDS prevention and care services across California during the months and years to come.

CDHS/OA wishes to thank all Symposium attendees for their critical and thought-provoking participation, presentations, inquiries, and recommendations throughout the course of the Symposium on May 18, 2006. Your commitment to HIV/AIDS research, evaluation, prevention, and care is highly regarded by CDHS/OA and we hope to continue to collaborate with you to combat the challenges that surround HIV/AIDS in California. The many recommendations that you shared with colleagues and CDHS/OA at the Symposium will help to frame future research initiatives in California.

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**Appendix A: Symposium Attendees**

<b>Name</b>	<b>Surname</b>	<b>Sacramento ~ Sheraton Grand Affiliation</b>	<b>City</b>
Andy	Anglemyer	CDHS/OA	Berkeley
Glenn	Backes	SANE	Sacramento
Barbara	Bailey	CDHS/OA	Sacramento
Ricky	Bluthenthal	RAND	Santa Monica
Kimberly	Brouwer	UCSD School of Medicine	San Diego
Dan	Ciccarone	UCSF	San Francisco
Laurel	Cima	CDHS/OA	Sacramento
Grant	Colfax	SFDPH	San Francisco
Carol	Crump	CDHS/OA	Sacramento
Michael	Cunningham	Dept. of Alcohol & Drug Progs.	Sacramento
Lydia	Drumright	UCSD School of Medicine	San Diego
Kevin	Farrell	Office of AIDS	Sacramento
Judith	Fitzpatrick	UARP	Oakland
Richard	Garfein	UCSD School of Medicine	San Diego
Tom	Gray	Office of AIDS	Sacramento
Barbara	Green-Ajufo	Alameda County Pub. Hlth. Dept.	Oakland
Judy	Hahn	UCSF	San Francisco
Martin	Iguchi	UCLA School of Public Health	Los Angeles
Alex	Kral	RTI International	San Francisco
Christopher	Krawczyk	CDHS/OA	Sacramento
George	Lemp	UC, Office of the President	Oakland
Jennifer	Lorvick	RTI International	San Francisco
Hilary	McQuie	Harm Reduction Coalition	Oakland
Fred	Molitor	CDHS/OA	Sacramento
Michael	Montgomery	CDHS/OA	Sacramento
Lisa	Moore	San Francisco State University	San Francisco
Janet	Myers	University of California Los Angeles Overdose Prevention Task Force	San Francisco Los Angeles
Kristen	Ochoa	Prevention Task Force	Los Angeles
Kimberly	Page-Shafer	UCSF/CAPS	San Francisco
Karen	Pfister	Public Health Services	Stockton
Robin	Pollini	UCSD Friends Research Institute,	San Diego
Cathy	Reback	UCLA	Los Angeles
Assunta	Ritieni	CDHS/OA	Sacramento
Valerie	Rose	San Francisco Dept. of Pub. Hlth.	San Francisco
Alessandra	Ross	CDHS/OA	Sacramento

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Joy	Rucker	HEPPAC	Oakland
Juan	Ruiz	CDHS/OA	Sacramento
Shoshanna	Scholar	Clean Needles Now	Los Angeles
		UCSF SFGH Opiate Treatment	
Brad	Shapiro	Programs	San Francisco
		City of Los Angeles AIDS	
Stephen	Simon	Coordinator's Office	Los Angeles
Peter	Simpson	Harm Reduction Services	Sacramento
James	Sorensen	UCSF SFGH Psychiatry Dept.	San Francisco
Tom	Stopka	CDHS/OA	Sacramento
Steffanie	Strathdee	UCSD	San Diego
Frank	Strona	SF STD Prevention Control	San Francisco
Laura	Thomas	Continuum	San Francisco
Dana	Van Gorder	San Francisco AIDS Foundation	San Francisco
Barbara	Weiss	Dept. of Alcohol and Drug Progs.	Sacramento

## Appendix B: Complete Symposium Evaluation Results

Scale: 1=poor, 5=excellent

1. How would you rate this **symposium, overall?** **4.4**
2. How would you rate the **materials** provided for the symposium? **4.3**
3. Overall, how would you rate the **presentations?** **4.6**
4. How would you rate the **cultural sensitivity** of the symposium? **3.8**
5. Overall, how would you rate the **break-out group activities** and presentations? **3.5**
6. Overall, how would you rate the **locale?** **4.1**
7. What did you like **most** about the symposium?
  - Networking.
  - Diversity of research presented.
  - Chance to convene with colleagues, brainstorm and collaborate; chance to see, possibly influence direction of IDU research in CA.
  - Meeting others; break-out groups; excellent food.
  - Small size/good interaction among members.
  - The diversity of the presenters.
  - Presentations were very strong.
  - Almost all presenters had their slides available to us. Thank you for organizing this.
  - All the speakers and current data – lively discussion and wonderful cross-section of policy, eval, research, program.
  - Specialists – researchers; experts-role to synthesize issues in their field
  - Networking opportunity, good size (not too big).
  - Hearing what's new in the field.
  - The people here.
  - Presentations and meeting people.
8. What did you like **least** about the symposium?
  - Provider reps.
  - More public health providers could be present.
  - Break-out sessions weren't organized as well as they could have been.

- Could have used a 10 minute break between morning talks.
  - I thought the connection between research and public policy was somewhat tenuous. The group I was in had cogent comments on context and programs, but the recommendations, particularly on public policy, were difficult to evaluate.
  - The afternoon sessions were too ad hoc—the leadership was not set so they took too long to get started, meandered, and then ran late.
  - The cold room, the set up of the room – theatre style not conducive to interaction among participants.
  - Break-out.
  - It seemed like a disconnect between results of break-out activities and presentation of OA research plans.
  - N/A.
9. What **suggestions** do you have for future collaborative research focused on substance use and HIV research in California?
- Multi-county research.
  - Lots of provider input – collaborative research based on their requests.
  - More funding/programs like UARP collaborative grant.
  - Focus on transitioning the research into interventions.
  - More of these types of meetings.
  - Program/academic collaboration.
  - Link with provider associations for treatment, prevention, and HIV.
  - Collaborations between health depts., academia and community-based organizations.
  - Evaluation of interventions.
  - Follow break-out suggestions.
10. What do you envision as **key issues for research, evaluation, interventions** related to substance use, HIV and public health during the next 3 years?
- Emerging substances: surveillance; SB 1159 – Disposal Issues.
  - Primary care and mental health issues in injection drug using/IDUs.
  - Interventions and evaluations.
  - Migration/mobility issues. New emerging drug trends.
  - Evaluation of harm reduction; policy development safeguarding rights and health of IDU; secondary exchangers – who are they? Can they do peer education?
  - Need to focus on community interventions.
  - Youth, prevention.
  - Qualitative – getting to root causes – class/race – specific drug use.
  - Follow break-out suggestions.

11. Additional Comments (Please continue on back of page.):

- A stimulating day.
- Would like to see the summary notes. Would like OA to take the recommendations for new S.U. research into strong consideration and not repeat the 5-county survey.
- Discussion on OA future survey and youth – excellent.